

Vermont Mental Health Performance Indicator Project
DDMHS, Weeks Building, 103 South Main Street, Waterbury, VT 05671-1601 (802-241-2638)

MEMORANDUM

TO: Vermont Mental Health Performance Indicator Project
Advisory Group and Interested Parties

FROM: John Pandiani
Monica Simon

DATE: August 3, 2001

RE: Another View of Consumers Linked to Primary Health Care Services

The attached tables and graphs provide a more focused view of our report on Medicaid *Consumers Linked to Primary Health Care Services* that was distributed on July 20 (www.state.vt.us/dmh/Data/PIPs/2001/pip072001.pdf). This analysis differs from the previous report in that it excludes clients who are covered by Medicare in addition to Medicaid. This revised analysis was conducted in response to a request from Russell Frank (PIP Advisory Group representative from Vermont's Medicaid office).

As you will see, the results of this analysis indicate that CRT and AOP clients had similar rates of primary health care utilization (56% and 60% respectively). These rates are somewhat lower than the proportion of all Vermont residents who report having visited a doctor during the past year (68%) according to the Vermont Department of Health's ongoing Behavioral Risk Survey.

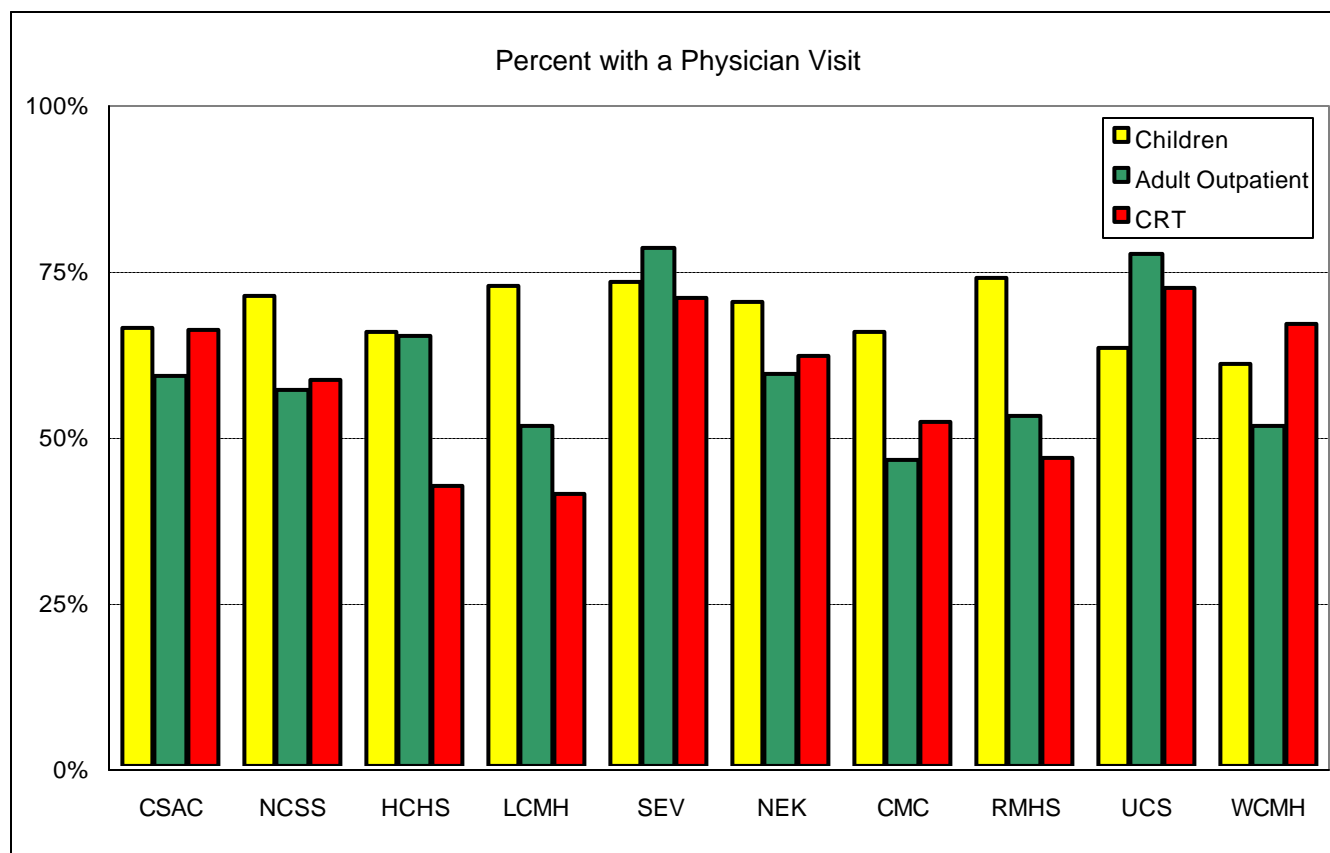
Utilization of primary health care services, however, varied substantially among regions of the state. Utilization of primary health care services by CRT clients varied from less than 45% in Lamoille and Chittenden Counties to more than 70% in Southeastern Vermont and Bennington County. Utilization of primary health care services by AOP clients varied from less than 50% in Orange County to more than 75% in Bennington County and in Southeastern Vermont.

Russell requested this analysis because Medicaid only pays when there is no other insurer. Because our original analysis included people with dual coverage whose doctor visits would not be recorded in the Medicaid database, the results would have underestimated the rate of access to medical care. In order to test for this potential bias, we repeated the analysis for CRT and Adult Mental Health Outpatient (AOP) Medicaid clients with dual coverage and compared the utilization rates to clients with Medicaid coverage only. The results indicated that Medicaid reimbursed medical care utilization was substantially lower for clients with dual (Medicaid and Medicare) coverage than it was for clients with only Medicaid. The attached graphs and tables also present the comparison of Medicaid only and dual coverage clients.

The comparison of Medicaid only with dual coverage clients indicates the only 5% of CRT clients and 8% of AOP clients who had Medicare coverage in addition to Medicaid coverage, had doctor's visits reported in the Medicaid paid claims database. More than 50% of the clients of these programs who did not have Medicare coverage, however, had doctor's visits reported in the Medicaid paid claims database. This pattern was consistent across the state.

Please let us know if you have any other suggestions or would like to see the results of any additional analyses of these data. As always, you can contact us by e-mail at jpandiani@ddmhs.state.vt.us or by voice at 802-241-2638.

**ANOTHER VIEW OF
Vermont Clients
of Children's, Adult Outpatient, and Community Rehabilitation Treatment Programs
with a Physician Visit During FY 2000***

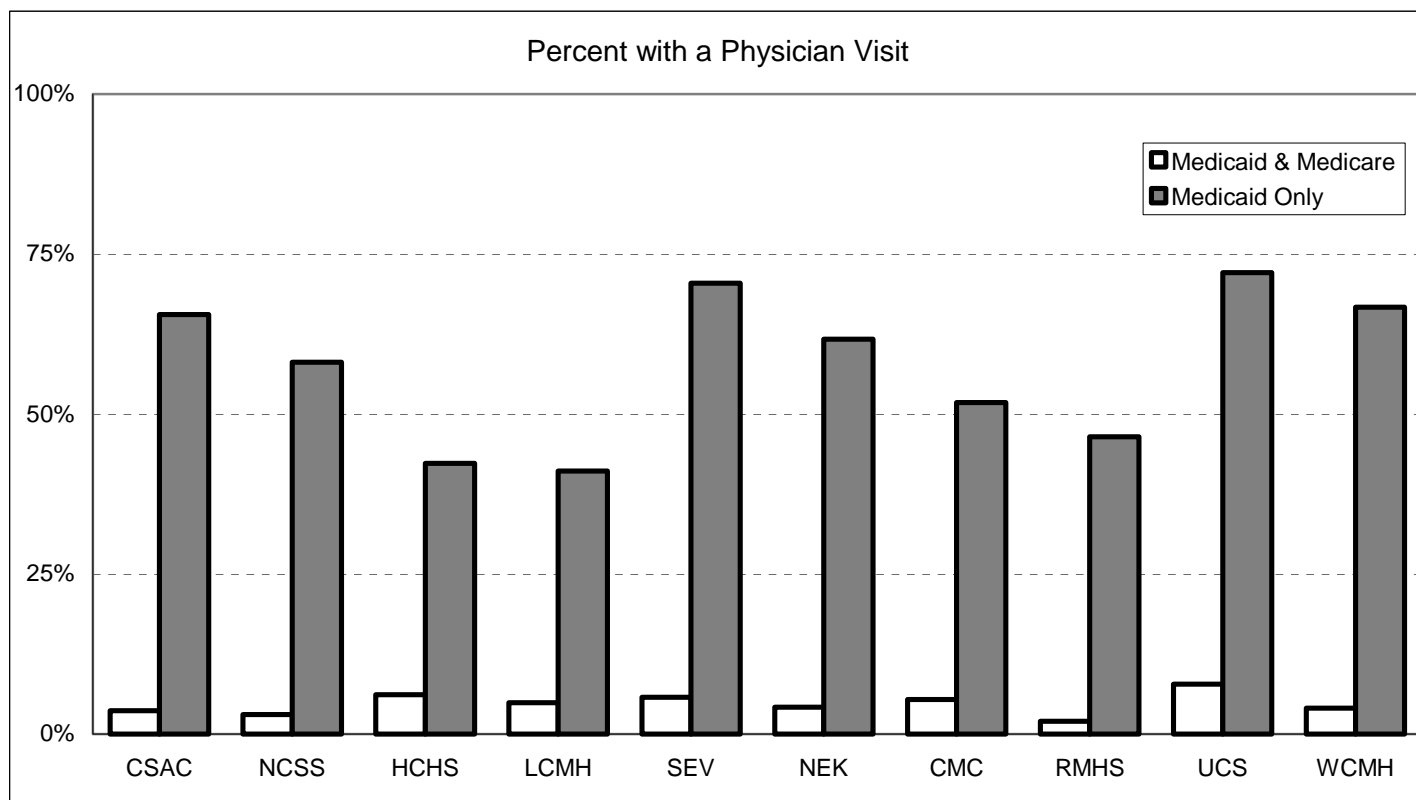


Clinic	Total Number			With Physician Visits					
				Number			Percent		
	Children	Adult Outpatient	CRT	Children	Adult Outpatient	CRT	Children	Adult Outpatient	CRT
CSAC	382	214	58	252	126	38	66%	59%	66%
NCSS	410	392	117	290	222	68	71%	57%	58%
HCHS	534	263	260	349	170	110	65%	65%	42%
LCMH	144	211	73	104	108	30	72%	51%	41%
SEV	826	398	169	603	310	119	73%	78%	70%
NEK	547	333	188	382	197	116	70%	59%	62%
CMC	303	117	56	198	54	29	65%	46%	52%
RMHS	227	140	155	167	74	72	74%	53%	46%
UCS	173	114	68	109	88	49	63%	77%	72%
WCMH	366	340	123	222	174	82	61%	51%	67%
Overall	3,912	2,522	1,267	2,689	1,523	713	69%	60%	56%

Analysis includes clients under 65 with Medicaid (but not Medicare) coverage on June 30, 2000. These include 74% of all Children Services clients, 49% of all AOP clients, and 52% of all CRT clients.

*Based on analysis of Medicaid paid claims and DDMHS client databases.

Vermont Clients of Community Rehabilitation Treatment with a Physician Visit During FY 2000*

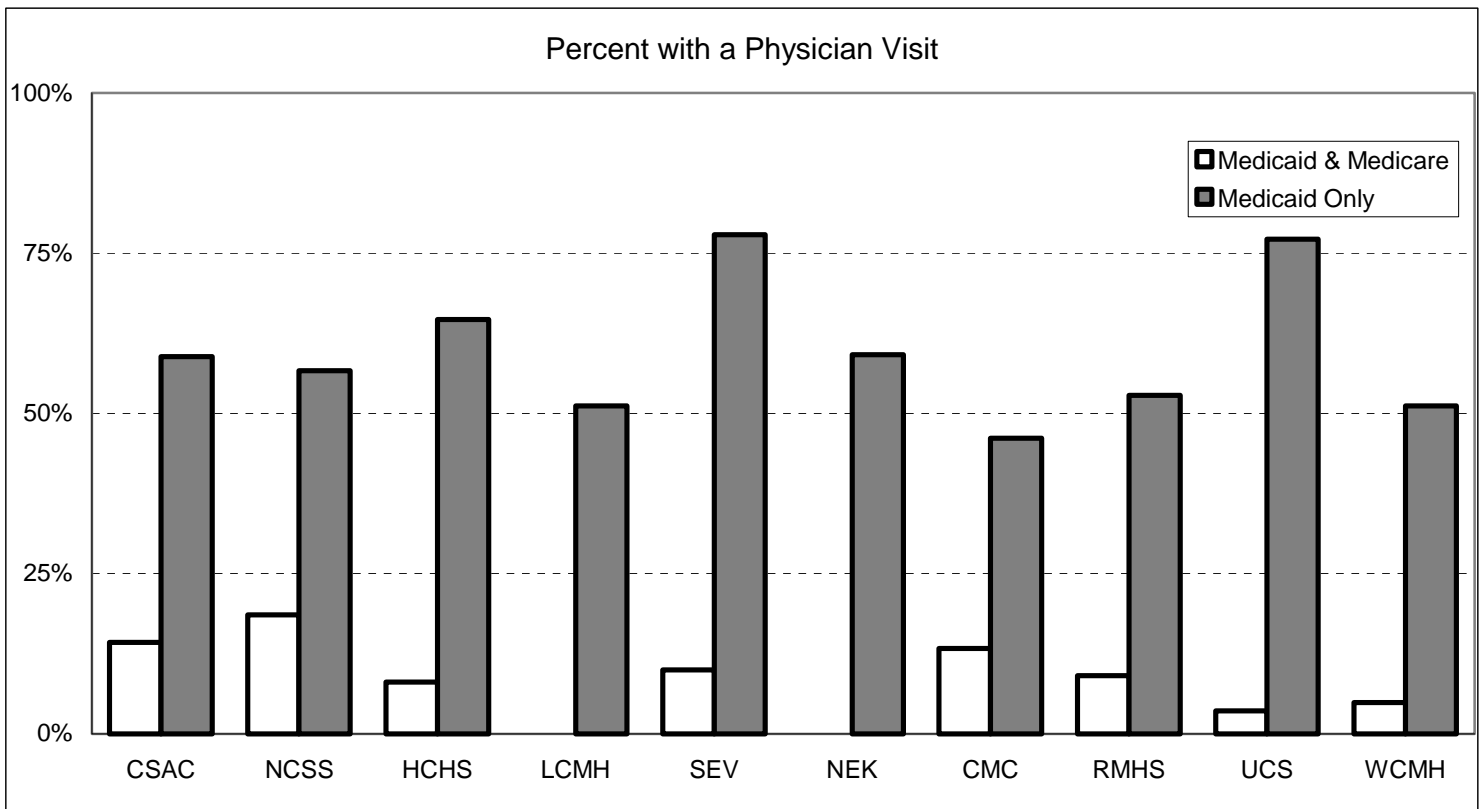


Clinic	Total Number			With Physician Visits					
				Number			Percent		
	CRT	Medicaid & Medicare	Medicaid Only	CRT	Medicaid & Medicare	Medicaid Only	CRT	Medicaid & Medicare	Medicaid Only
CSAC	113	55	58	40	2	38	35%	4%	66%
NCSS	183	66	117	70	2	68	38%	3%	58%
HCHS	520	260	260	126	16	110	24%	6%	42%
LCMH	114	41	73	32	2	30	28%	5%	41%
SEV	344	175	169	129	10	119	38%	6%	70%
NEK	332	144	188	122	6	116	37%	4%	62%
CMC	93	37	56	31	2	29	33%	5%	52%
RMHS	255	100	155	74	2	72	29%	2%	46%
UCS	158	90	68	56	7	49	35%	8%	72%
WCMH	320	197	123	90	8	82	28%	4%	67%
Overall	2,432	1,165	1,267	770	57	713	32%	5%	56%

Analysis includes clients age 18 - 64 with Medicaid coverage on June 30, 2000 and includes 99% of all CRT clients. Forty-seven percent of all CRT clients had dual (Medicaid & Medicare) coverage.

*Based on analysis of Medicaid paid claims and DDMHS client databases.

**Vermont Clients of Adult Outpatient Programs
with a Physician Visit During FY 2000***



Clinic	Total Number			With Physician Visits					
	AOP	Medicaid & Medicare	Medicaid Only	Number			Percent		
				AOP	Medicaid & Medicare	Medicaid Only	AOP	Medicaid & Medicare	Medicaid Only
CSAC	242	28	214	40	4	126	17%	14%	59%
NCSS	435	43	392	70	8	222	16%	19%	57%
HCHS	325	62	263	126	5	170	39%	8%	65%
LCMH	222	11	211	32	0	108	14%	0%	51%
SEV	438	40	398	129	4	310	29%	10%	78%
NEK	371	38	333	122	0	197	33%	0%	59%
CMC	132	15	117	31	2	54	23%	13%	46%
RMHS	162	22	140	74	2	74	46%	9%	53%
UCS	142	28	114	56	1	88	39%	4%	77%
WCMH	422	82	340	90	4	174	21%	5%	51%
Overall	2,891	369	2,522	770	30	1,523	27%	8%	60%

Analysis includes clients age 18 - 64 with Medicaid coverage on June 30, 2000 and includes 56% of all AOP clients
Seven percent of all AOP clients had dual (Medicaid & Medicare) coverage.

*Based on analysis of Medicaid paid claims and DDMHS client databases.